time to arrival from onset of symptoms was 2.9 days (0-8). Subsequent diagnoses were necrotising enterocolitis (32%), Hirschsprung's disease (14%), malrotation/volvulus (14%), intestinal atresia (5%) and spontaneous bowel perforation (5%). Only 5 (22%) patients had no diagnosis made after investigation. 2 patients had sepsis but no surgical pathology.
Results: Overall 68% of patients required laparotomy. Laparotomies were performed for necrotising enterocolitis (43%), Hirchsprung's disease (21%), malrotation/volvulus (21%), intestinal atresia (7%) and spontaneous bowel perforation (7%). Operative mortality was 13%. Overall mortality was 14%.
Conclusion: These findings confirm the importance of prompt referral, transfer and investigation of neonates with bilious vomiting as the mortality and likelihood of a significant diagnosis requiring surgical intervention is high.

0131 EVIDENCE FOR RISK RELATIONSHIP BETWEEN GALLSTONE SIZE AND PANCREATITIS

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Introduction: Gallstones pancreatitis can be a very serious condition we investigate if there is relationship between this risk and stone size in the retrieved gallbladder of those patients who have had cholecystectomy.
Methods: Retrospective analysis of cholecystectomies performed between Oct 2004-Aug 2009. Hospital coding system used to identify those patients with gallstone pancreatitis. Histology database also used for data collection. Correlation with pre-operative ultrasound gallstone size made.
Results: 1085 cholecystectomies performed in the study period, the indication for gallstone pancreatitis were for 92 patients (8.5%). Median stone size in non pancreatitis group was 14mm, median stone size in pancreatitis group was 7mm, $p<0.05$ When grouped together, number of patients with gallstone size <7mm $= 210$, incidence of pancreatitis was 59(28%). Number of patients grouped together with gallstone size with gallstone size >6mm $=875$, incidence of pancreatitis was 33(3.8%), $p<0.05$
Conclusion: Those patients who have developed gallstone pancreatitis have significantly smaller gallstones than those who do not. Those patients, as a group, who have gallstone size less than 7mm have a significantly greater incidence of gallstone pancreatitis. It is these patients that should be targeted pre-pancreatitis event and treated promptly with cholecystectomy.

0132 PRE-OPERATIVE NEUTROPHIL-LYMPHOCYTE RATIO PREDICTS SURVIVAL FOLLOWING MAJOR VASCULAR SURGERY

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Background: The systemic nature of atherosclerosis compromises medium-term survival following major vascular surgery. Neutrophil-lymphocyte ratio (NLR) is a simple index of systemic inflammatory burden which correlates with survival following percutaneous coronary intervention.
Methods: Patients undergoing elective major vascular surgery in two tertiary vascular units were identified from prospectively maintained databases. Factors associated with two-year mortality were assessed by univariate and multivariate analyses.
Results: Over a four-year period, 1021 patients underwent elective major vascular surgery (carotid endarterectomy, abdominal aortic aneurysm repair, lower limb revascularisation). Two-year mortality was 11.2%. In multivariate analysis, preoperative NLR > 5 was independently associated with 2-year mortality (multivariate odds ratio 2.21; 95% CI 1.22 to 4.01).
Conclusion: Pre-operative NLR identifies patients at increased risk of death within two years of major vascular surgery. This is only the second study in the published literature to demonstrate this relationship. This simple index may facilitate greater monitoring and targeted preventive measures for high-risk patients.

0136 ULTRASOUND ESTIMATED BLADDER WEIGHT AND MEASUREMENTS OF BLADDER WALL THICKNESS IN HEALTHY ASYMPTOMATIC MEN

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Aims: To identify measurements of ultrasound derived bladder wall thickness (BWT) and bladder weight in healthy asymptomatic male volunteers
Methods: 100 healthy male volunteers underwent transabdominal ultrasound measurements of BWT and bladder weight, using the BVM 9500 bladder scanner (Verathon Medical, Bothell, WA), at a variety of bladder filling volumes. The effect of bladder filling on these measurements was investigated. The data was explored for any correlation between measurements of BWT and ultrasound estimated bladder weight (UEBW) with subject age, height, weight, body mass index (BMI), and the ICIQ M-LUTS, IPSS and IPSS QoL symptom questionnaires.
Results: Several statistically significant but weak correlations were observed: BWT and weight ($r=0.216$, p0.032); BWT and BMI ($r=0.246$, p0.014); UEBW and weight ($r=0.304$, p0.002); UEBW and BMI ($r=0.260$ p0.009). BWT consistently thinned with increasing bladder filling volume. In contrast UEBW remained stable throughout bladder filling. The normal range for UEBW was determined as 23-43g, with a mean UEBW of 33g.
Conclusion: Whilst BWT is affected by bladder filling volume, UEBW remains relatively stable thus providing a more practical clinical tool. Normal values for UEBW in healthy asymptomatic men are presented.
Source of funding: Research Grant provided by Verathon Medical.

0137 ULTRASOUND ESTIMATED BLADDER WEIGHT IN MEN ATTENDING THE UROFLOWMETRY CLINIC

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Aims: To assess the diagnostic role of ultrasound estimated bladder weight (UEBW) in men with LUTS attending the uroflowmetry clinic
Methods: 100 men with LUTS attending the uroflowmetry clinic underwent transabdominal measurement of UEBW. Any association between maximum flow rate (Qmax) and the variables; UEBW, age, height, weight, BMI, voided volume, post-void residual urine and symptom scores (ICIQ M-LUTS, M-LUTS voiding, M-LUTS incontinence, IPSS, IPSS QoL), was investigated. A one-way ANOVA was performed to assess any difference in mean UEBW between three patient groups (Group1=Qmax<10, Group 2=Qmax 10-15, Group 3=Qmax>15).
Results: Statistically significant negative correlations between Qmax and age ($r=-0.308$, $p=0.002$), M-LUTS voiding ($r=-0.298$, $p=0.003$), IPSS ($r=-0.295$, $p=0.003$) and post-void residual ($r=-0.213$, $p=0.033$) and a statistically significant positive correlation between Qmax and voided volume ($r=0.503$, $p<0.01$) were observed. No association between Qmax and UEBW was observed ($r=0.12$, p0.243). Mean UEBW for the three groups was similar. One-way ANOVA identified there was no statistically significant effect of UEBW on Qmax $F(2, 97) = 0.175$, p0.840.
Conclusion: Mean UEBW did not differ significantly between the three Qmax groups. UEBW does not provide additional diagnostic information in men with LUTS attending the uroflowmetry clinic.
Source of funding: Research Grant provided by Verathon Medical.

0138 NHS BUDGET CUTS PUTTING PATIENTS AND SURGEONS AT RISK: BIOGEL VS. PROTEGRITY GLOVES

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Introduction: The Biogel double glove system alerts one to a breach in the outer glove during surgery by the appearance of a dark spot in the presence of fluid. The introduction of Protegrity gloves, a cheaper variety has raised concerns amongst surgeons and theatre staff. This study compares the effectiveness of the two brands.